

# CLAIMS ONLY

SERIAL NO.

FILED DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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14		/				
15		/				
16		/				
17		/				
18		/				
19		/				
20	X	X				
21	X	X				
22	/					
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49						
50						
TOTAL IND.	2	2				
TOTAL DEP.	18	30				
TOTAL CLAIMS	20					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

32

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS